clear, into the Royal Society and the Royal Colleges, not on us, merely—that a brave man could and should bear—but on those dependent on us, on those least able to bear it, most often on those quite unable to help themselves, and that, too, when we can no longer move hand or foot to help them. Let us unite before it is too late.—I am, etc.,

May 16th. M.A., M.B.

KRASKE'S OPERATION FOR RECTAL CANCER.

SIR,—Mr. Swinford Edwards, in a paper on this subject, published in the BRITISH MEDICAL JOURNAL of May 15th, states he cannot find any similar series of cases published by an English surgeon, and further on that he has not been able to find any statistics regarding the work of British surgeons. As an English surgeon I should like to point out to him that you published a paper on this subject for me in the BRITISH MEDICAL JOURNAL of March 9th, 1895, which was accompanied by a table giving all the details he required. An abstract of a further paper was published in the BRITISH MEDICAL JOURNAL this year, giving the mortality, but not all other details. These will appear in full later. It may interest Mr. Edwards to know that Dr. Alexander, of Liverpool, independently suggested the sacral route for excision of the rectum, and was, I believe, the first English surgeon to operate and publish a case of this kind.—I am, etc.,

Liverpool, May 17th. F. T. PAUL.

SIR,—Mr. Swinford Edwards's paper in the BRITISH MEDICAL JOURNAL of May 15th is of very great interest, since it indicates progress in the treatment of a common and deadly malady. I have performed Kraske's operation once. The upper half of the rectum was removed on January 18th, 1896, one year and four months ago. The patient, a man aged 51, since he left the hospital has been doing hard work as a carpenter, and I hear from Dr. Whittaker that he is now in excellent health, and that his wife has recently been confined. An extensive experience of *post-mortem* examinations has forced upon me the importance of early diagnosis and radical operation in cancer of the intestine. I believe that the mortality of Kraske's operation will be still further reduced if care is taken to restrict it to suitable cases. When necessary a preliminary exploration of the abdominal cavity should be made. I agree with Mr. Edwards that in most cases a preliminary colotomy is unnecessary.—I am, etc.,

Old Cavendish Street, W., May 17th. J. JACKSON CLARKE.

ON THE OCCURRENCE OF MALTA FEVER IN INDIA.

SIR,—In the issue of the BRITISH MEDICAL JOURNAL of April 10th, which has just arrived here, there is a communication from Professor Wright and Surgeon-Captain Smith, of the Royal Victoria Hospital, Netley, which will, I venture to think, surprise some of my brother officers who, like myself, are serving in the vicinity of Sabathu. Anything of this kind emanating from Netley Hospital deserves respect. But it is a long cry from Netley to Sabathu, and to venture to diagnose Malta fever in Sabathu on the results got from serum precipitation many months after appears to me, to say the very least of it, a risky proceeding.

Now, my station is about ten miles from Sabathu, and, although the latter has an unenviable notoriety for enteric fever, I very much doubt if it deserves it more than this station. Anyway, this is my fourth hot weather to serve here within the past eleven years, and I know to my cost how full of enteric fever our station hospital has always been. Just at the present moment I have 18 such cases—more or less convalescent now, as they are over the third week of the disease. The temperature charts are "atypical"—some third of them, at least; but I submit that a temperature chart in this fever, though a fairly good aid to diagnosis, is not by any means an infallible one.

Two cases died within the past week (we had 20 in all), and I found at the necropsy what I have always found in such cases, namely, ulceration and tumefaction of Peyer's patches, swelling of mesenteric glands and spleen. If this is not considered sufficient to establish the diagnosis, I may mention that I found in a smear cover-glass preparation of the spleen in each case the Ehrlich-Gaffky bacillus, and, further, that a streak culture in gelatine grew pure. Certainly I have not as yet applied any extended test to this Dagshai bacillus, not doubting its genuineness; but I compared it with a cover-glass preparation that I brought from the Pasteur Institute, and, further, with a most beautiful specimen prepared by me last year at the Institute of State Medicine under the supervision of my distinguished friends, Dr. McFadyen, the Director, and Dr. Hewlett; and, making allowances for the different modes of preparation, I cannot think there is any difference between the three specimens.

That the fatal continuous fever of Sabathu is exactly the same as what we have there cannot be the shadow of a doubt, as I am sure the *post-mortem* records would show, and it will take a good deal more proof, I think, than mere serum sedimentation to convince us that this fever is Malta fever and not enteric pure and simple.

As regards the "sequelæ" which the writers of the article mention (swelling of the testicle and joint pains), I may add that I have never noticed any such, and think they must be uncommon except in men who suffered from syphilis, a disease which is far more prevalent amongst soldiers than any fever.—I am, etc.,

Dagshai, India, April 28th. S. F. FREYER, M.D., Surgeon-Major, A.M.S.

AFFERENT AND EFFERENT TRACTS OF THE MEDULLA.

SIR,—With reference to a letter on this subject by Dr. W. Aldren Turner, in the BRITISH MEDICAL JOURNAL of May 15th, I wish to call attention to the following statement which I made in connection with the abstract of my paper, and which will be found on p. 1155 of the JOURNAL of May 8th: "Full details of the procedures and results, together with a review of experimental work by others bearing on the subject, will be published elsewhere."—I am, etc.,

J. S. RISIEN RUSSELL.

Queen Anne Street, W., May 18th.

CARBOLIC ACID IN SCARLET FEVER.

SIR,—Dr. Ross's communication concerning the treatment of scarlet fever by a decoction of cinnamon would, I think, have been much more valuable had he adduced evidence that cinnamon possessed any germicidal power beyond that which is ascribed to all aromatics.

Like Dr. Ross, for many years I devoted my attention to discover some remedy which would reduce the virulence of scarlet fever, and in carbolic acid I found an attenuating antiseptic, which not only answered the first purpose, but so attenuated those micro-organisms that give rise to scarlet fever, that any person taking scarlet fever from one who had been under this treatment invariably exhibited the disease in a milder form; and if, in turn, another was attacked from the second source, the result was a still more modified form. Experimental research has demonstrated that microbic increase is greatly retarded by constant contact of the microbe with germicidal agents, even when these are much diluted, and therefore feebler in power. Flügge states that even "attenuation can be produced by sufficiently long-continued action of milder means;" and Pasteur says, "Each cultivation of the attenuated bacterium (by chemical means) is a 'vaccine' for the more virulent—that is to say, capable of producing a more benign malady."

In carbolic acid we have a bactericide of known power and undisputed ability, and in administering it every two hours it is reasonable to assume that a condition of the blood is produced that is inimical to the continued production of the scarlet fever bacterium (allowing such to exist though not proved) in its original strength, for by their constant multiplication in carbolised blood they must in time come into a condition nearly allied to "attenuation," and so lose much of their virulent power. That a somewhat antiseptic condition of the blood is actually produced by repeated exhibition of carbolic acid may, I think, be allowed, from a consideration of the fact that, when a patient has been duly "carbolised," the urine that is passed will remain days and weeks, and even in some cases altogether, free from putrefactive changes.

For the result of over fifteen years' experience warrants me in stating that it is a specific. I can record only four deaths for which the treatment should not be accredited. One of suppressed scarlet fever, death in twenty-hours; one from sudden accession of cerebral symptoms

pointing to latent tuberculosis; two in which the treatment was neglected. Three cases of albuminuria, due to cold from neglected precautions. No cases of severe scarlatinal rheumatism; a few in which the joints were trivially affected. No cases of secondary fever, with profuse nasal discharge and other complications, which so often prove fatal; and in all a rapid convalescence without the hitherto deterioration of strength. There is also a remarkable absence of suppurative adenitis. One case only, and that in a strumous child, always subject to glandular enlargement upon exposure to cold.

This I think is due to the fact that carbolic acid rapidly enters into combination with any substance with which it comes into contact and saturates the tissues of the body, for if, as has been suggested, these enlargements are possibly due to a secondary infection, by rendering the glands aseptic suppuration is prevented. Necessarily all depends upon the administration of the drug so soon as the earliest symptoms of scarlet fever appear and its exhibition every two hours. For a child a year old about a grain for a dose, gradually increasing in strength with age, when it may be administered in 5-grain doses with impunity, but 7 grains produces a tendency to vomiting and diarrhœa. Freely mixed with syrup and "tinct. aurantii" it is by no means unpleasant to take. The frequency—every two hours—should be persevered in until the rash has subsided, and then continued every four hours till convalescence is attained. No ill effects have ever followed its administration; the difficulty is to get parents and nurses to see that the dose is taken every two hours, this being imperative in very severe cases. The throat rarely requires attention, but if there is membranous exudation rubbing the tonsils and palate with 20 gr. sol. arg. nit. never fails to afford immediate relief.

So satisfactory has this treatment been in my hands that I have no apprehension as to ultimate successful results not being achieved, and have the comforting knowledge that if another person takes scarlet fever from the one that is "carbolised" it will be in a much milder form. I feel assured that anyone carrying out this treatment in its integrity will have the same successful results, and will never revert to any other.—I am, etc.,

Arthur Wiglesworth, L.R.C.P., M.R.C.S.

Liverpool, May 11th.

"A PROBABLE DIAGNOSTIC SIGN OF TRICUSPID STENOSIS."

Sir,—Dr. James Mackenzie, in an article under the above heading in the British Medical Journal of May 8th, pointed out the value of a tracing of the liver pulse for the diagnosis of tricuspid stenosis. It is quite possible this will in the future become recognised as a useful diagnostic sign.

The explanation of the cause of the chief wave (*b*), which Dr. Mackenzie regards as regurgitant, and describes as "an auricular wave due to the systole of the right auricle," appears to me less hopeful. May not that wave rather arise from the fact that during the systole of the auricle blood is prevented from entering it from the veins? The venous circulation, while open peripherally, is therefore arrested centrally, and the oncoming blood, instead of escaping into the auricle, accumulates in and distends the large veins and liver, thus causing the wave referred to. The wave is most marked in cases of tricuspid stenosis, because, for one thing, the contraction of the auricle is more prolonged, that chamber having increased difficulty in emptying itself through the stenosed orifice.

I have not yet seen any evidence for supposing that regurgitation takes place as a rule from an auricle contending with the circulatory difficulties consequent on stenosis. The veins are defended from the intra-auricular pressure by their sphincter-like contraction near the auricle, which precedes and accompanies the auricular systole. That defence is amply sufficient theoretically, though it is conceivable it may fail on occasions, but the presence of the liver pulse wave is no evidence of such failure.

With a feeble and dilated auricle Dr. Mackenzie has observed no auricular liver wave. This, I imagine, is because it makes comparatively little difference to the oncoming blood if the auricle and adjacent veins be contracting or not, for the flow, which is initially feeble, is not suddenly arrested, if at all. With a powerful auricle, however, contracting for a prolonged period, as in tricuspid stenosis cases generally, there is every reason why the wave should appear, since the oncoming blood must stop and accumulate somewhere.

My mind resents the dual supposition that the auricle must send nearly all its blood forwards for a pati nt with stenosis to live so long and well, and nearly all i s blood backwards to swell up the liver and produce the "auricular wave" (*b*).—I am, etc.,

Mentone, May 12t D. W. Samways.

DECALCIFIED BONE RINGS.

Sir,—I regret not having seen the fifth edition of Mr. Greig Smith's book before publishing my paper on Intestinal Anastomosis in the British Medical Journal of April 24th, as he there figures and describes a ring which in one essential feature resembles mine—namely, the narrow undercut groove. The method of use, however, differs essentially. Mr. Smith's last edition was published July, 1896, and the dates of my cases in the paper show that I was using it some months before his description appeared.—I am, etc.,

Dublin, May 18th. C. B. Ball.

OBITUARY.

GEORGE WILSON, M.D., L.R.C.S.Edin.

On April 27th there passed away, after a long and busy life, Dr. George Wilson, of Huntly. He was born at Brangan, Banffshire, on July 12th, 1811. After graduating A.M. at King's College, Aberdeen, in 1828, he was apprenticed to Dr. Duncan McColl, of Huntly. During his apprenticeship he attended the medical classes during the session at Edinburgh. He obtained the M.D.Edin. and L.R.C.S.Edin. in 1833, and, returning to Huntly, succeeded Dr. McColl. Here for sixty years he actively carried on a very large practice. It was no unusual thing to see him on horseback when close on 80 years of age. He was a very successful lithotomist, as well as a good general surgeon. He successfully operated on a very stout woman for strangulated umbilical hernia when he was nearly 80 years of age. He seldom allowed himself a holiday. He was very fond of sport. Dr. Wilson had a large store of reminiscences connected with the medical profession. He used to relate with great gusto how Robert Liston used to come to the theatre of the Edinburgh Royal Infirmary, clad in scarlet coat and top boots, to perform some of his brilliant operations, on his way to a meet of foxhounds; also of Professor John Lizars armed with an amputating knife, more like a sword than an ordinary surgical instrument. On his retirement from practice in 1892 he was presented by numerous friends and patients with his portrait in oils, along with a handsome silver tea service, as a mark of respect and gratitude for his long and devoted professional services. Dr. Wilson was twice married. His first wife and only child by that marriage both died within two years of the marriage. He is survived by his second wife, three sons, and two daughters. His eldest son, Dr. G. O. Wilson, succeeded his father in 1892. His second son, Dr. G. A. Wilson, after practising in Assam for some eight years, died near Suez on his way home in 1892.

Mr. Thomas Perkins, of Snaith, died on May 2nd after a long and painful illness at the age of 63. He was a member of an old Yorkshire family for many generations identified with the medical profession. Mr. Perkins sailed in the *Orinoco* for the Crimea in 1856, and had medical charge of 1,000 men during the voyage. He then proceeded to the cavalry camp near Kaedkoi, and did duty at Inkerman. While there he was laid up with dysentery for two months. Deceased was also present at the siege of Sebastopol. At the end of this campaign he was ordered to Ireland, and joined the 16th Lancers at Kilkenny. In 1859, on the death of his father, he succeeded to his practice.

Dr. Thomas Francis Fernandez, of Brookfield, Ross, who has just died after an illness of some weeks' duration, was born in 1815, and thus at the time of his death had reached